

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

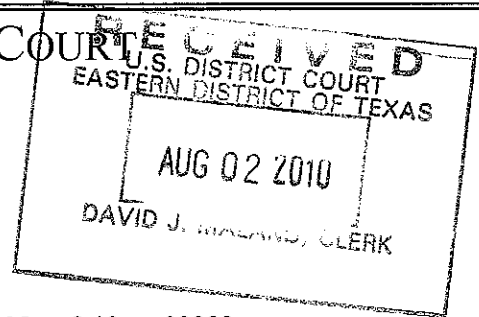
ADJUSTACAM LLC

*Plaintiff*

v.

AMAZON.COM, INC., et al.

*Defendant*



Civil Action No. 6:10-cv-00329

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SAKAR, INC.  
By and through it's registered agent:  
THE CORPORATION  
195 CARTER DRIVE  
EDISON, NJ 08817

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew W. Spangler  
Spangler Law P.C.  
208 N. Green Street, Suite 300  
Longview, Texas 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 7/7/10



CLERK OF COURT

*David Maland*

*Signature of Clerk or Deputy Clerk*

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Civil Action No. 6:10-cv-00329

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Sakar, Inc.  
 was received by me on *(date)* 07/15/2010.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: Served certified mail, RRR #7009 2250 0002 8916 9761.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 07/22/2010



*Server's signature*

Elisha Calhoon - Certified Paralegal

*Printed name and title*

208 N. Green Street, Suite 300  
Longview, Texas 75601

*Server's address*

Additional information regarding attempted service, etc:

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only. No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**EDISON NJ 08817**

Postage	\$	\$2.41
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$7.51</b>

SAKAR, INC.

Sent To By and through it's registered agent:  
 The Corporation  
 Street, A  
 or PO Box 195 Carter Dr.  
 City, State Edison, NJ 08817

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:          SAKAR, INC.          By and through it's registered agent:          The Corporation          195 Carter Dr.          Edison, NJ 08817</p> <p>2. Article Number:          (Transfer from service label)</p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          C. Date of Delivery</p> <p>D. Is delivery address different from item 1?          If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>